South Central Public Health District Prevent. Promote. Protect.

Temporary Event Food Application/Permit For Food Facilities at Special Events

Must not exceed 14 days

Food Establishment or Organiz	ation:				
Owner/Operator/Person(s) in c	harge:				
Mailing Address:					
Phone:			Emergency Phone):	
DAPA 16.02.19.885.01:					
. Food. The preparation, sale and violations), except that:	serving of potent	tially hazardous foo	od at a temporary foo	d estab	olishment is prohibited (all applicable
a. Potentially hazardous foo seasoning and cooking m			such as hamburgers	and fr	ankfurters (hot dogs) that require only
b. Potentially hazardous foo facilities which maintain f original pre-wrapped indi	ood at safe temp	eratures in complia	individual servings f ance with Subsection	rom th 320.03	e commissary and is stored in approved 3., and is sold or served directly in the
	s chapter in theil ven away from a	r entirety. No food temporary food es	stored or prepared in tablishment or opera	a priv	ssary, its operations, food and employed ate home or unapproved facility shall be
PRODUCT	SOURCE		PROD	UCT	SOURCE
Minimum Health Requiremen Hand wash set up: Warm water, soap and paper towels	spigot,	ad and check th Refrigeration for por foods below 41°F	-	rovid	ed No bare hand contact with moist, ready-teat foods (tongs, gloves, or deli paper)
Solution for wiping cloths and uto 1T Clorox in 2 gal of cool water (ensils: no soap)	Hot holding for cook above: thermomete			Water potable, waste water contained, proper disposal
Garbage container in booth and outside of booth	one	Single-service only covered, kept off gre	plates, forks, cups, ound		Workers clean, not sick, no smoking, har washed frequently
Name of Event	Date(s) of E	Event	Location of Eve	nt	Inspection Date/Inspecto
State of Idaho determined on the basis regulations. I am aware of the sanitary operation. <i>There is a \$65 fee for the last a \$65 fee for </i>	of an inspection to regulations, above	by the local or state I we and on the sheet p	nealth authority and ma provided, and I am resp	ay be so	compliance with all sanitary regulations of tuspended for violation of such sanitary e for the sanitary maintenance of the y. This permit is only valid for three (3)
events within the same district.	MUST	BE POSTE	D IN PLAIN V	'IEW	,
Signature of Health Inspector					Date
Signature of TWIN FALLS OFFICE 1020 Washington St. N. Twin Falls, ID 83301-3156 Bellevue, IE 734-5900 • Fax 734-9502 788-4335 • Fa	n St. 2311 F D 83313 4	Person BURLEY OFFICE Parke Ave., Unit 4, Ste. Burley, ID 83318 8221 • Fax 678-7465	GOODING OFFICE 145 7 th Ave. E. Gooding, ID 83330-04 934-4477 • Fax 934-85	94	Date JEROME OFFICE 951 E. Ave. 'H' Jerome, ID 83338 44-8838 • Fax 324-9554 436-7185 • Fax 436-9